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FROM	Matt Witsil
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Attention:

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	NAME	COMPANY	TELEPHONE	FACSIMILE
1	Examiner Andrew J. Fischer	U.S. Patent and Trademark Office		(703) 305-7687
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Remarks:

Please find attached the Response to Restriction Requirement, along with an Amendment under 37 CFR §1.111. Please contact us if there are any questions.

Although the subject Restriction Requirement indicates it is responsive to a Communication dated March 6, 2002, we have no record of such Communication. Please advise if there such Communication exists and, if so, please provide a copy via facsimile at your convenience. Thank you for your assistance. Best regards.

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PTO/SB/21 (08-00)

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<h1 style="text-align: center;">TRANSMITTAL FORM</h1> <p style="text-align: center;">(to be used for all correspondence after initial filing)</p>		Application Number	09/453,364
		Filing Date	December 1, 1999
		First Named Inventor	Slane, Robert C.
		Group Art Unit	3627
		Examiner Name	Fischer, Andrew J.
Total Number of Pages in This Submission	9	Attorney Docket Number	021932-000002
ENCLOSURES (check all that apply)			
<input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment / Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Documents <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53		<input type="checkbox"/> Assignment Papers (for an Application) <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____	
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SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm or Individual Name	MOORE & VAN ALLEN MATTHEW W. WITSIL		
Signature			
Date	July 18, 2002		

CERTIFICATE OF MAILING	
I hereby certify that this correspondence is being sent via facsimile (703-305-7687) to: Commissioner for Patents, Washington, DC 20231 on this date: July 18, 2002.	
Typed or printed name	Lillian S. Glenn
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